

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097530968**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		9		
11		1		9		
12		1		1		
13		1		1		
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16		/		/		
17		3		/		
18		1		/		
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TOTAL IND.	2		2			
TOTAL DEP.	29		39			
TOTAL CLAIMS	31		41			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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BEST AVAILABLE COPY